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# Roosevelt County Aging Home Delivered Meals

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## Policies & Procedures w/forms

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Roosevelt County Council on Aging  
124 Custer Street  
Wolf Point MT 59201  
406-653-6221 (Phone)  
406-653-6206 (Fax)  
Julie Bach, Program Coordinator

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## I. Home Delivered Meals

The Home Delivered Meal Program is a program designed to meet the nutritional needs of seniors (60+) who are not able to get to a Congregate Meal site, and they are not physically able to meet their nutritional needs on their own. The program is funded in part through the Older American's Act, Section III C. III C programs are not entitlement programs, meaning there is a limited amount of funds to provide the service.

It is the responsibility of the Roosevelt County Council on Aging (RCCOA) to ensure the available funds are used to serve those who are most medically and economically dependent on the program for their health and well-being. It is with this in mind that the RCCOA has developed the following policy to create the largest impact possible with the available resources. This policy is meant to ensure that all program applicants and recipients are treated fairly and equally when determining need and eligibility.

## II. Eligibility

**All recipients must be 60+ years of age and cannot attend the Congregate Meals due to one of the following requirements. (Spouses of a qualifying individual, who are under 60, may also qualify if there are slots available)**

- **Recently been discharged from the hospital.**

Those who have recently been discharged from the hospital may be eligible for the program, if there are slots available, when they need the meals to help them recoup their strength and reduce their risk of being readmitted. If they need to extend the service beyond two weeks, they must have a **Home Delivered Meal Certification Form (Attachment B) submitted by their provider.**

- **They are homebound.**

Individuals are considered homebound if:

1. Because of illness or injury, the individual needs the aid of supportive devices such as crutches, canes, wheelchairs, or walkers. They need the use of special transportation or the assistance of another person to leave their place of residence.
2. They have a condition that leaving their home is medically contraindicated.

Recipients can still be considered homebound when leaving their homes for medical treatment, religious services, and/or to attend a licensed or accredited adult day care center. A recipient's homebound status will also *not* be put at risk when leaving home for short periods of time or for special non-medical events such as a family reunion, funeral, graduation or occasional trips to the barber or beauty parlor.

**If the patient can attend the Congregate Meal, then to qualify for a Home Delivered Meal on the off days, one of following must be true.**

- **They show an evident inability to prepare meals for themselves.**
- **They are dependent on a caregiver.**

**In addition to the Home Delivered Meal Certification, the recipients also must meet the following requirement:**

1. They live within the city of Culbertson, Poplar, or Wolf Point.

Note: Participants cannot receive both a home delivered meal and a congregate meal on the same day.

### **III. Referral Process**

An individual in need of home delivered meals needs to complete Attachments A, B, and C. These forms can be obtained from Roosevelt County Aging Services. **The referral process is outlined below:**

- 1. Have your provider, nurse, or social worker complete the Referral Form (Attachment A).**
- 2. When needing permanent Home Delivered Meals, have the provider complete and sign the Home Delivered Meal Certification Form (Attachment B) (This is not needed for temporary hospital discharges, but after 2 weeks, it will be required to continue meals.).**
- 3. Fill out the State Aging Intake (Attachment C).**
- 4. Return all forms to the Roosevelt County Council on Aging Coordinator at Roosevelt County Aging Services. See the cover sheet for the address and fax number.**
- 5. Based on the forms, a determination, by the Roosevelt County Council on Aging Coordinator, will be made as to whether the individual qualifies for the program.**
- 6. Roosevelt County Aging Services will contact the individual or their caretaker as soon as possible and let them know their determination.**
- 7. If a social worker/medical provider needs to be contacted with the determination, please specify and make sure their contact information is included.**
- 8. Qualifying individuals will begin meals the day following their determination, or if there are no slots available, they will be prioritized and placed on the waiting list.**
- 9. Roosevelt County Aging will contact the home delivered meal provider and the qualifying individual to set up the delivery of the meals.**

#### IV. Waiting List/Priority Designation

The maximum number of recipients able to participate in the program is determined by the amount of IICC funds and County funds available. If the number of qualifying individuals exceeds program capacity, the Roosevelt County Aging Department will place individuals on a waiting list prioritized by points generated from the following criteria:

1. Difficulty Level of Cooking (this information will be taken directly from the Referral Form-Atch. A)
  - 1 pt: Struggling to prepare meals.
  - 2 pts: Having great difficulty preparing meals but has a capable adult available to help.
  - 3 pts: Having great difficulty preparing meals and does not have a capable adult available to help.
2. Nutritional Need (this information will be taken directly from the Referral Form-Atch. A)
  - 1 pt: Currently maintaining an acceptable level of nutrition.
  - 2 pts: At risk of not receiving proper nutrition.
  - 3 pts: Nutritional needs are not being met.
3. Living Arrangement (this information will be taken from the Referral Form-Atch. A)
  - 1 pt: Lives with spouse or capable adult
  - 2 pts: Lives alone
  - 3 pts: Lives alone and is homebound.
4. Economic Need (this information will be taken from the State Aging Intake Form-Atch. C)
  - 1 pt: Monthly income is above \$1,729/month.
  - 2 pts: Monthly income is between \$1,330 and \$1,729/month.
  - 3 pts: Monthly income is below \$1,330/month.

**If more than one individual qualifies with the same number of points, priority will be given to the individual with the greatest economic need. If both individuals have equal economic needs, then priority will be given to the individual who has been on the waiting list the longest.**

#### V. Recertification Process

If there is a waiting list, all program participants will need to recertify twice a year (during June & December). If there is not a waiting list, then all program participants will only need to recertify once a year (during June). During the recertification process, individuals may be removed from the program if those on the waiting list are prioritized at a higher level. If an individual is removed from the program, and they still qualify for the service, they will be placed on the waiting list.

The recertification will consist of an additional home assessment conducted via telephone by the Roosevelt County Aging Department. An updated provider's referral and/or Home Delivered Meal Certification may also be requested; participants will have at least 30 days, after notification of recertification, to renew the Home Delivered Meal Certification. Extensions may be requested if the provider is not available during that time frame.

## **VI. Non-qualifying Individuals**

If an individual does not qualify for Home Delivered Meals, the Roosevelt County Aging Department will provide the individual with the reason why. Applicants will be encouraged to reapply should their situation change.

## **VII. Client Contributions**

Once a month, a request for a contribution for Roosevelt County Aging Services is sent out to each client by the contractor. The amount of the request is based on Roosevelt County Council on Aging's current suggested donation and the number of meals received for that month. **A client will not be denied services if they cannot afford to contribute.** Any amount of contribution is appreciated and is used by Roosevelt County for the program.

## Attachment A: Referral Form

### Return to Roosevelt County Aging Services

<b>Attachment A: Referral Form</b>	<b>To be filled out by health care provider or social worker</b>		
<b>CLIENT INFORMATION</b>			
<b>Name:</b>	<b>Gender:</b>	<b>DOB:</b>	
<b>Does Client Have a Caregiver?</b>			
<b>CAREGIVER CONTACT INFORMATION (if applicable)</b>			
<b>Name:</b>			
<b>Mailing Address:</b>			
<b>Phone Number:</b>			
<b>Relationship to the client:</b>			
<b>ELIGIBILITY INFORMATION</b>			
<b>Name of Referring Health Care Provider:</b>			
<b>Estimated Length of Service:</b>			
<input type="checkbox"/>	Home Delivered Meal Certification provided		
<input type="checkbox"/>	Lives within the city of Culbertson, Poplar, or Wolf Point.		
<b>COOKING LEVEL FOR PRIORITY PLACEMENT</b>			
<b>Please choose the GREATEST need from the following to help determine placement on waiting list (if needed):</b>			
<input type="checkbox"/>	Is struggling to prepare meals.		
<input type="checkbox"/>	Is having great difficulty preparing meals but has a capable adult available to help.		
<input type="checkbox"/>	Is having great difficulty preparing meals and does not have a capable adult available to help.		
<b>NUTRITIONAL NEEDS LEVEL FOR PRIORITY PLACEMENT</b>			
<b>Please choose the GREATEST need from the following to help determine placement on waiting list (if needed):</b>			
<input type="checkbox"/>	Is currently maintaining an acceptable level of nutrition.		
<input type="checkbox"/>	Is at risk of not receiving proper nutritional needs.		
<input type="checkbox"/>	Nutritional needs are not being met.		
<b>LIVING ARRANGMENT FOR PRIORITY PLACEMENT</b>			
<b>Please choose the GREATEST need from the following to help determine placement on waiting list (if needed):</b>			
<input type="checkbox"/>	Lives with a spouse or a capable adult		
<input type="checkbox"/>	Lives alone		
<input type="checkbox"/>	Lives alone and is homebound		
<b>MEAL REQUIREMENTS</b>			
<b>Diet Needed:</b>	<input type="checkbox"/> Regular	<input type="checkbox"/> Low Salt	<input type="checkbox"/> Other (explain)
<b>Known Allergies:</b>			
<b>Milk Requirements:</b>	<input type="checkbox"/> 2%	<input type="checkbox"/> Skim	<input type="checkbox"/> Whole <input type="checkbox"/> None
<b>Other Notes:</b>			



**Attachment B: Home Delivered Meal Certification Form:**

**To Be Filled Out By The Provider & Return to Roosevelt County Aging Services**

The Home Delivered Meal Program is designed for seniors (60+), and the spouses of eligible seniors, who have a medical reason that keeps them from attending a Congregate Meal without assistance, or they are unable to receive adequate nutrition on the days that there is not a Congregate Meal.

1. One of the following must be true for receiving a Home Delivered Meal when there is a Congregate Meal available.
  - They are homebound\*.  
Because of illness or injury, the individual needs the aid of supportive devices such as crutches, canes, wheelchairs, and walkers; the use of special transportation; or the assistance of another person to leave their place of residence.
  - They have a condition that leaving his or her home is medically contraindicated.
2. If the patient can attend the congregate meal, then to receive a Home Delivered Meal on the off days, one of the following must be true.
  - They have great difficulty cooking.
  - They are dependent on a caregiver.

**Note: Participants cannot receive both a home delivered meal and a congregate meal on the same day.**

\*The patient may still be considered homebound if absences from the home are:

- Infrequent
- For the need to receive health care treatment
- For religious services
- For other unique or infrequent events (examples include: funeral, graduation, barber or beauty shop)

Provider Certification: I certify (client's name) \_\_\_\_\_  
does meet the definition of Homebound as it applies to the Home Delivered Meals Program.

Provider's Name: \_\_\_\_\_

Provider's Facility Name: \_\_\_\_\_

Provider's Phone Number: \_\_\_\_\_

Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# ATTACHMENT C: State Aging Intake Form

**Must Be Filled Out And Returned To Roosevelt County Aging Services**



## Aging Services Intake Form

Updated 5/20/2025

Date:    
 Site Name:  Annual Update

The data collected on this form supplies funding for aging programs in our Montana communities. Information will be kept confidential, and you will receive services regardless of your answers.

First Name:  Last Name:  Date of Birth:   
 Street Address:  City:  State:  Zip:   
 Mailing Address (if different):  City:  State:  Zip:   
 Phone:  Email:  Sex:  M  F

**Emergency Contact:**

Name:  Phone:  Relationship:  My Caregiver Yes  No

<b>Ethnicity:</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<b>Veteran:</b> <input type="radio"/> Yes <input type="radio"/> No	<b>Income Level:</b> <input type="radio"/> Over 1,729 <input type="radio"/> Between 1,729 and 1,330 <input type="radio"/> Under 1,330	I am under 60 and my spouse is over 60. <input type="radio"/> Yes <input type="radio"/> No
<b>Race: (Can choose more than one)</b> <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian/Asian American Native <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Other	<b>Marital Status:</b> <input type="radio"/> Married <input type="radio"/> Divorced/Separated <input type="radio"/> Single <input type="radio"/> Widowed I live alone. <input type="radio"/> Yes <input type="radio"/> No	<b>I am a caregiver for:</b> <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Disabled Adult Child (18-59) <input type="checkbox"/> Grandchild (under 18) <input type="checkbox"/> Non-Relative <input type="checkbox"/> Other Relative <input type="checkbox"/> Other <input type="text"/>	I am under 60, disabled, and living with someone over 60. <input type="radio"/> Yes <input type="radio"/> No

<b>Activities of Daily Living</b> I sometimes need help with the following: <input type="checkbox"/> Eating <input type="checkbox"/> Dressing <input type="checkbox"/> Transferring <input type="checkbox"/> Bathing <input type="checkbox"/> Walking <input type="checkbox"/> Toileting <input type="checkbox"/> None	<b>Instrumental Activities of Daily Living</b> I sometimes need help with the following: <input type="checkbox"/> Meal prep <input type="checkbox"/> Phone use <input type="checkbox"/> Money Management <input type="checkbox"/> Transportation <input type="checkbox"/> Medication Management <input type="checkbox"/> Shopping <input type="checkbox"/> Housework <input type="checkbox"/> None
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**Nutrition Risk Assessment**

Read the statements below. Select the number in the YES column for those statements that apply to you. YES

1. I, or someone close to me, has an illness that affects the kind and/or amount of food I eat. ....2
2. I eat less than two meals per day.....3
3. I eat less than three fruits and vegetables a day.....2
4. I eat or drink less than three milk products (such as milk, yogurt, cheese) a day.....1
5. I drink less than five cups of fluid (such as water, juice, tea) a day.....1
6. I have three or more drinks of beer, wine, or liquor almost every day.....2
7. I have tooth or mouth problems that make it hard for me to eat. ....2
8. I don't always have enough money to buy the food I need.....4
9. I eat alone most of the time.....1
10. I take three or more different prescribed or over-the-counter drugs a day .....1
11. Without wanting to, I have lost or gained 10 pounds in the last six months .....2
12. I am not always physically able to shop, cook, and/or feed myself .....2

0-2 = Low Nutritional Risk  
 3-5 = Moderate Nutritional Risk – Refer to staff to receive the nutrition assessment handout  
 6+ = High Nutritional Risk – Refer to staff to receive the nutrition assessment handout, and Talk with your health care provider and/or a registered dietitian.

Total Score



## Attachment D: Recertification Form (Informational for future use)

**Office Use. Do Not Fill Out.**

<b>Attachment D: Recertification Form</b>			
CLIENT NAME:			
ADDRESS:			
CITY:			
PHONE:			
DOB:			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is Client is unable to attend Congregate Meal without assistance?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	New Home Delivered Certification required?	
Reason?			
<b>Eligibility Factors (Choose one or more)</b>			
<input type="checkbox"/> Homebound.			
<input type="checkbox"/> Evident inability to prepare meals.			
<input type="checkbox"/> Dependent on a caregiver.			
<b>Priority Placement Scoring:</b>			<b>Points</b>
<b>Difficulty Level of Cooking</b>			
1- Struggling to prepare meals.			
2- Great difficulty preparing meals (or unable) but has a capable adult able to help.			
3- Unable to prepare meals and has no capable adult able to help.			
<b>Nutritional Need</b>			
1- Without home delivered meals nutritional needs can be met.			
2- At risk of not receiving proper nutrition.			
3- Nutritional needs are not being met.			
<b>Living Arrangement</b>			
1- Lives with spouse or a capable adult.			
2- Lives alone.			
3- Lives alone and is homebound.			
<b>Economic Need (Monthly Income)</b>			
1- Above \$1,956			
2- Between \$1,956 and \$1,356			
3- \$1,356 and below			
			<b>Total Points</b>
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Client Still Eligible?	
Notes:			
Recertification Completed By:			

